

# WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Ozaukee Town ☒ Cedarburg  
Village ☐  
City ☐ Check one and give name

2. Location NE $\frac{1}{4}$  of SE $\frac{1}{4}$  of Sec. 28 T10NR21E  
 Name of street and number of premise or Section, Town and Range numbers

3. Owner ☐ or Agent ☒ A. John Freeman  
 Name of individual, partnership or firm

4. Mail Address Thiensville, Wisconsin  
 Complete address required

5. From well to nearest: Building 10 ft; sewer \_\_\_\_\_ ft; drain \_\_\_\_\_ ft; septic tank \_\_\_\_\_ ft;  
 dry well or filter bed \_\_\_\_\_ ft; abandoned well \_\_\_\_\_ ft.

6. Well is intended to supply water for: Home

## 7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40			
6	40	110			

## 8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well cas.	0	108

## 9. GROUT:

Kind	From (ft.)	To (ft.)
Clay Slurry	0	40

## 11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 15 GPM.

Depth from surface to water-level: 57 ft.

Water-level when pumping: 60 ft.

Water sample was sent to the state laboratory at:

Madison on Jan. 20 19 60  
 City

## 10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	97
Gravel	97	108
Limestone	108	110

Construction of the well was completed on:

Jan. 20 19 60

The well is terminated 10 inches  
☒ above, below ☐ the permanent ground surface.

Was the well disinfected upon completion?

Yes ☒ No ☐

Was the well sealed watertight upon completion?

Yes ☒ No ☐

Signature Robert Demuth  
 Registered Well Driller

631 S. Wash. Ave. Cedarburg, Wis.  
 Complete Mail Address

Please do not write in space below

Rec'd \_\_\_\_\_ No. \_\_\_\_\_

Ans'd \_\_\_\_\_

Interpretation \_\_\_\_\_



10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. \_\_\_\_\_

48 hrs. \_\_\_\_\_

Confirm \_\_\_\_\_

B. Coli \_\_\_\_\_

Examiner \_\_\_\_\_